

Environment, Safety, and Health Division 1997 Customer Survey

**Conducted by
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Introduction

ESH Division conducted a LANL internal customer survey through a questionnaire process to determine customer satisfaction of the services being delivered. This survey was conducted as part of the 1997 Science and Technology Self-Assessment, and focused on a variety of services being provided by several groups:

- Health Physics Operations (ESH-1)
- Occupational Medicine (ESH-2)
- Industrial Hygiene and Safety (ESH-5)
- Criticality Safety (ESH-6)
- Occurrence Investigation (ESH-7)
- ES&H Training (ESH-13)

In last year's self-assessment, we obtained feedback on the services provided by ESH environmental groups ESH-17, -18, -19, -20, and -SWEIS. In 1995, the survey focused on groups with activities and services in health and safety. This year's customer survey, containing 65 questions, serves as a means of obtaining an outside opinion of the quality and types of services provided by ESH Division.

The draft customer survey was first sent to the ESH groups that were to be the objects of this survey. These groups reviewed the questionnaire and provided comments or additional questions to the survey. In addition to evaluating the survey, the groups submitted a list of LANL customers that could be polled. After establishing the list to whom the questionnaire would be sent, 100 survey forms were mailed to internal Laboratory customers. In the previous year, only 50 surveys were distributed. In 1997, an increased number of surveys mailed to line managers, facility managers, deployed personnel, and other ESH users allowed a far greater number of responses to be received, thus making the results more substantiated and complete. A total of 56 surveys were completed and returned to ESH Division for inclusion in this report compared to 20 participants in 1996. The following Table shows the relative response for each category of customer. Except for Division Directors, response was greater than 50%.

**LANL ES&H 1997 Customer Survey
Sampled Population/Response Population**

<u>Customers</u>	<u>Number Contacted</u>	<u>Number Responded</u>
Division Directors	23	2
Deputy Division Leaders	1	1
Program Managers	2	1
Facility Managers	10	9
Deputy Facility Managers	3	1
Group Leaders	24	14
Deputy Group Leaders	2	0
Team Leaders/Deployed	17	12
Other	<u>18</u>	<u>16</u>
Totals	100	56

The questionnaire was designed to gather information for each ESH organization being studied by the survey. This allowed us to analyze comments specific to the organization. In addition, we also posed questions about overall ESH Division services. Not every individual contacted provided responses for all the ESH organizations and issues. The survey questions and distribution list are attached.

Summary

The questionnaire contained written questions and a ranking system to evaluate multiple criteria. The ranking criteria used to rate each group was as follows:

How often do you usually interact with this group?

_____ times per (circle one) Year / Month / Week

For the Rating Criteria, rank your level of satisfaction from 1 - 5

5 = Met Expectations 90% - 100% of the time

4 = Met Expectations 80% - 90% of the time

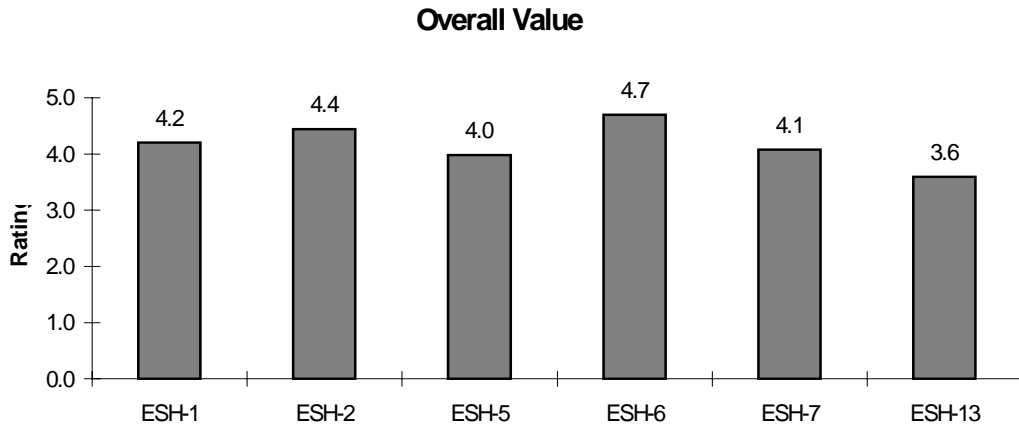
3 = Met Expectations 70% - 80% of the time

2 = Met Expectations 50% - 70% of the time

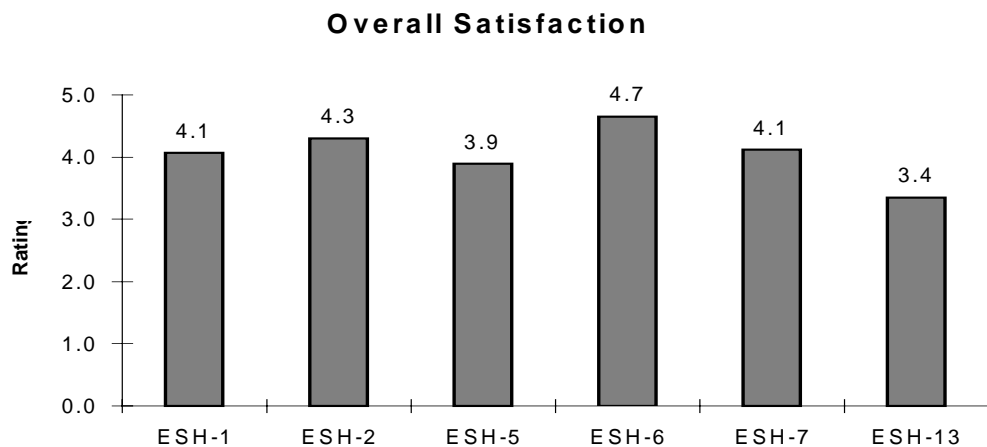
1 = Met Expectations less than 50% of the time

NA = Not Applicable

Each ESH group was rated on these criteria using 10 questions. Each group, however, was not judged on the same set of questions. The survey asked questions specific to each group. Some questions appeared on multiple group evaluations. Overall, the ESH groups that were evaluated received more positive responses this year than in the past. Below are the average ratings given by customers on the overall value of the group.



Customer overall satisfaction is shown below.



A complete list of all questions contained in the questionnaire and the corresponding ratings provided by the ESH customers appear in later sections. Responses for each group are presented independently of one another. In addition to the ratings, we also have included representative comments.

Conclusions

The following are some issues of concern to ESH customers:

Line organizations want more ESH personnel deployed to divisions, groups, FMUs, and teams to provide ES&H services and support at the level desired by the organization.

Line organizations using ES&H Division services believe ESH Division's costs are too high.

Conflicting assignments and expectations for deployed personnel between home organizations and deployed assignments should be resolved and improved.

Operating groups require ESH personnel to provide straight-forward recommendations/communications that help get work done, while complying with the law.

In the 1997 survey, two new questions were introduced to obtain customer's comments on the ESH-deployed personnel program and use of the Wellness Center facilities. We received approximately 35 comments regarding the deployed personnel program. A sample of the concerns and comments are listed below.

Deployed personnel have no defined duties.

Deployed personnel are torn between their allegiance to their home division and needs of the programs they are supporting.

Deployed personnel should become employees of the organization they are assigned to. It is very difficult to keep two bosses.

ESH Division needs a formal policy on deployment. The new program office for ESH Services should improve the current deployment program.

There need to be more ESH generalists deployed with specialists kept in the core. A core should be retained.

These and the other comments suggest that deployed personnel need their duties and responsibilities clarified for the requesting organization and for their parent organization. Comments also imply that there is a need for more deployed personnel having a broad general knowledge in several fields rather than being specialists, who should remain in the core arena.

The Wellness Center facilities use responses ranged from "never" using the center to using it as much as five days per week. Below are some additional comments.

It meets my needs. Use it 3 times per week. Use it 12 times per year.

Needs to be better integrated into employee activity.

Extremely valuable resources that goes to waste on weekends.

Good equipment and classes.

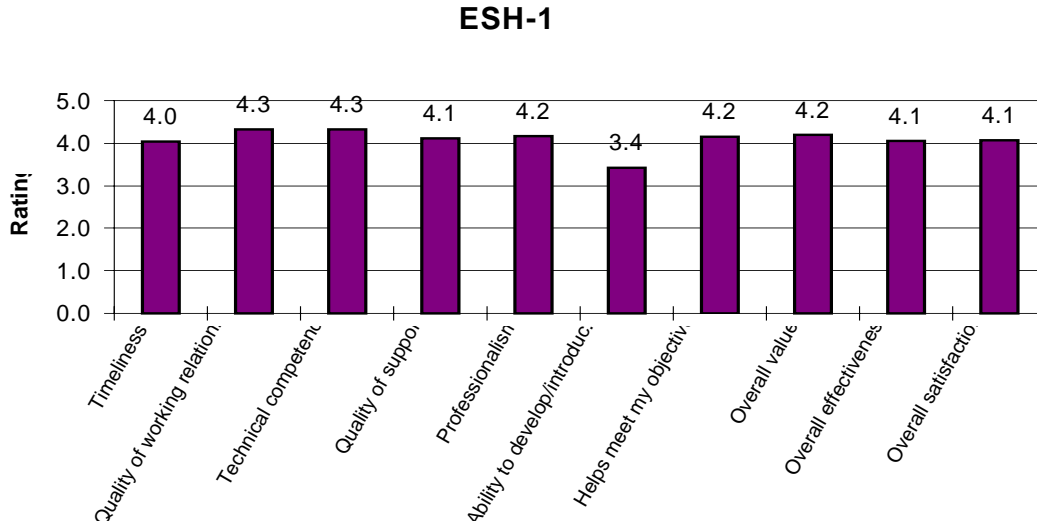
Users and or user groups should pay directly to support this program. I do not support using G&A funding for this program.

This survey has given ESH Division valuable feedback to act upon to provide the highest quality of service to our ES&H customers. It is important that ESH managers, upon receiving all of the survey's ratings and comments, take appropriate action in response to key suggestions, identify areas of 'need improvement,' and share with the divisions, groups, FMUs, and teams what efforts will be initiated and their priorities.

The four written questions presented in the survey are also contained in the report. A variety of comments were collected and those are presented in the following sections. The comments that we included are verbatim from individual customers. We did not feel it appropriate to edit.

Health Physics Operations, ESH-1

The graph below represents the average scores of all the responses received concerning the services provided by ESH -1. The ratings do not differentiate between those comments from frequent and infrequent users. **The ratings show that the highest scores for ESH-1 occurred in the areas of quality of working relationship and technical competence, while the lowest area was the ability to develop/introduce new technical/ scientific methodology.**



A similar customer survey was performed in 1995 that addressed many of these same areas. The rating system was slightly different, in that 1 was low and 5 was high, but no further definition was provided. Thus, a one-to-one comparison can not be made; however, a trending comparison can be constructed.

	Average Score 1995	Average Score 1997
Timeliness	3.7	4.1
Technical Competence	4.0	4.3
Ability to develop/introduce new technical/scientific methodology	2.9	3.4
Quality of Support	3.5	4.1
Professionalism	4.1	4.2
Overall Satisfaction	3.6	4.1

The general trend for customer satisfaction during the two-year period is upward. **Every question received a higher rating in 1997 than in 1995.**

Comments Concerning Health Physics, ESH-1

I am puzzled by ESH-1's insistence on having an ESH-1 team leader for deployed personnel. This function can easily be provided by a combination of lead technician & FM ES&H team leader.

This FMU's concern with the ESH-1 pool (our dedicated HP support) lies with their inability (the RCTs) to provide documented professional advice. Past experience has shown an unwillingness to provide customers with a signed document expressing their professional opinion.

ESH-1 team leader and her team provide an important and valued service to CST-8.

Costs are high. Need to reduce costs to stay competitive.

Dealings with the Group Office have been very good. Thanks for the quality support!

Having the TA-53 field office is certainly a plus. ESH-1 people identify with us. Those assigned to TA-53 span the range from mediocre to very good. Most try to be helpful. RCTs trying to balance compliance with the law with supporting TA-53 is a difficult task.

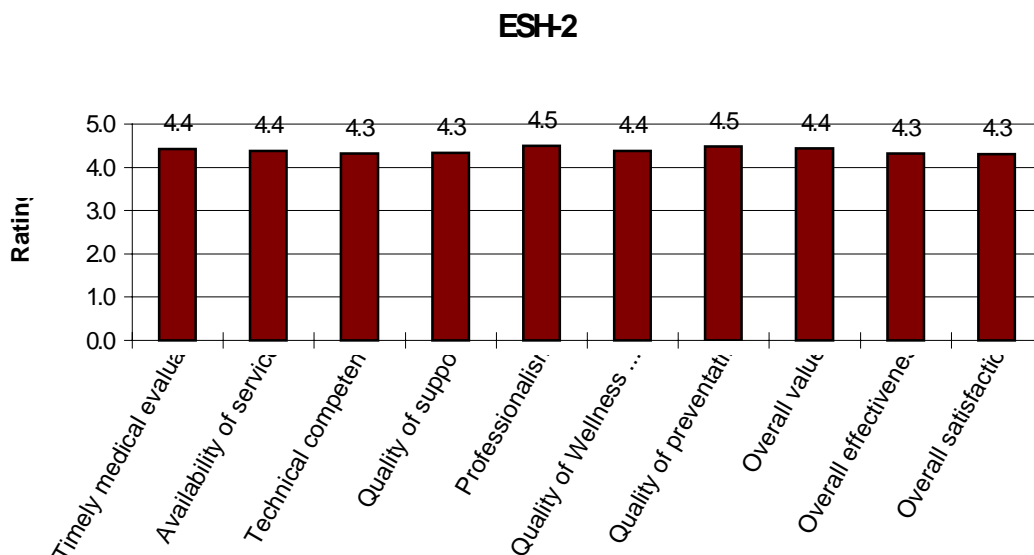
The TA-55 ESH-1 team is an integrated part of the TA-55 team and mission. Their excellent support is instrumental to our success.

The people I interact with are exceptionally good people, both professionally and in interaction.

The current survey indicates that most nuclear facilities organizations at the Laboratory **are satisfied with the deployed RCT support provided by ESH-1**. Some concern was raised about the need to **provide additional professional advice in supporting difficult decisions**.

Occupational Medicine, ESH-2

The following graph represents the average scores of all the responses received concerning the services provided by ESH -2. The overall averages for ESH-2 are high and very similar to one another in score, thus, depicting a well-rounded group. In addition to these ratings, another question was asked further in the survey about the use and quality of the Wellness Center. This data will be presented at a later point.



Comments concerning ESH-2

My only recent interactions have been with fitness-for-duty determination. I expected more of a proactive approach and consideration of customers needs.

I go very few times except for required physicals. I used to go to physical therapy and I was very satisfied.

This FMU has been told that under the IH/medical interface performance measure we would have a doctor assigned to us. We are waiting

The nurses should be commended for their customers service. Technical interactions/interfaces between ESH-1/ ESH-2/ ESA could be improved. We deal

with similar issues, but don't come to the same conclusions - lack of consensus, teamwork - which diminishes how ESH Division as a whole is perceived.

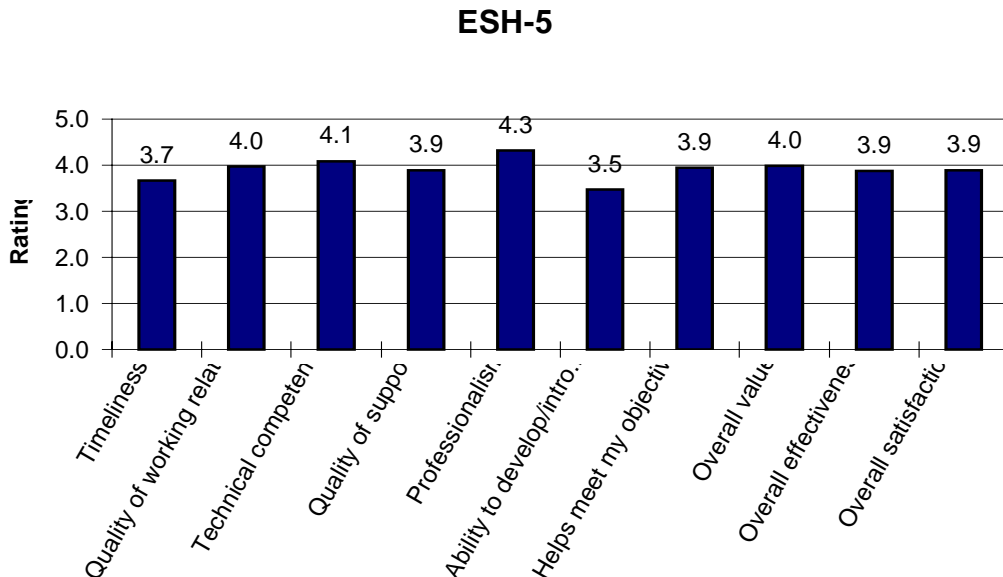
Really good relationship with Group Management in working issues as they arise. The medical treatment aspects have been very good. The ESH-2 personnel assigned as FMU-70 contacts have been active and have been of great help in several issues that we needed help in closing. Thanks for the help!!

I am most unhappy with the "fitness-for-duty" evaluations that have been performed for my group. I think there is too much emphasis on protecting the perceived interests of the laboratory and not enough concern for the employees of the group. The information that I get from this program is seldom helpful.

Overall, the majority of the comments indicated that **ESH-2 provides good support and customer service**. It also indicated that ESH-2 could have a **more proactive fitness-for-duty program**.

Industrial Hygiene and Safety, ESH-5

The graph below represents the average scores of all the responses received concerning the services provided by ESH -5. These values do not depict the scores provided by frequent versus infrequent users. Also, they do not reflect the direct area at which the scores were provided. Some customers differentiated between different sections of ESH-5's services.



As with ESH-1, a customer survey was conducted in 1995 that asked a portion of the same questions. Each question was asked separately for both industrial hygiene and industrial safety. A trending comparison between the three sets of data is shown below.

	Industrial Hygiene 1995	Industrial Safety 1995	Average Score 1997
Timeliness	4.1	3.6	3.7
Technical Competence	4.3	3.7	4.1
Ability to develop/introduce new tech/scientific methodology	3.4	3.2	3.5
Quality of Support	3.8	3.7	3.9
Professionalism	4.1	3.8	4.3
Overall Satisfaction	3.6	3.4	3.9

Scores are comparable to or slightly higher than 1995 scores.

Comments concerning ESH-5

This group still depends much on a “compliance” approach, and is approximately 30 years behind in safety. That said, individuals have been tremendously helpful. Other concerns: turf protection versus doing what’s best for the Lab, technical incompetence of some individuals, conflicting assignments and expectations for deployed personnel between home organizations and facility and programs they support, reactive approach to problems, inability to relinquish control of personnel & programs (seen as inability to team with others in the laboratory).

I am currently concerned about services that used to be provided by ESH-5 through G&A, but no longer are as a result of the deployment of ESH personnel. I am unsure as to what services will be available from ESH-5 in the future.

Core is suffering because good people have been deployed

There has and continues to be an inability to deploy an IH & safety professional to this FMU. Since, those types of services reside in ESH-5, it will be mentioned here.

Good people, but overruled by operating group management far too often. Note: deployment of ESH-5 IH personnel has fragmented services. People, generally effective but not necessarily the organization.

As part of the lab’s productivity initiative, we were told that a large number of “support” personnel were to be reduced to improve our “ratio”. The 2nd part of the plan was to “take work off the table”. This has not happened! In fact, I believe

that we are being required to do more. This puts stress on all of us and puts ESH in a particularly difficult situation...

It is almost impossible to speak with group leader in a timely manner. The quality of vehicle accident investigation unsatisfactory. Need more communication of accident data with Worker's Comp staff in BUS-7.

Problems getting timely reviews/response from SOP office. Problem in communication from ESH-5. Need more forklift support. Industrial hygiene support is much improved.

Electrical safety people may be out of control. Phil Romero does a great job.

Additional quality safety personnel are needed in this group! The assignment restricted workdays does not make sense in many cases. The split of deployed personnel's time is putting a great deal of pressure on these people in trying to meet both expectations. Deployed people be given less core assignments to reduce their stress or more deployment be made.

Most people try to be helpful and want us to succeed. Most try not to be an impedance - which is very helpful. Some people are highly competent; they seem to be the ones who are overloaded making it sometimes hard to contact. My major concern is a reluctance on the part of some I communicate with to give direct, straight forward recommendations that are a balance between getting work done and complying with the law.

Difficulties in obtaining required support for electrical safety accounts for weighting towards lower scale. Areas of excellence above/beyond given include respiratory protection, industrial safety and health hazard database support.

I feel that some of the construction safety tasks are redundant with FSS-9.

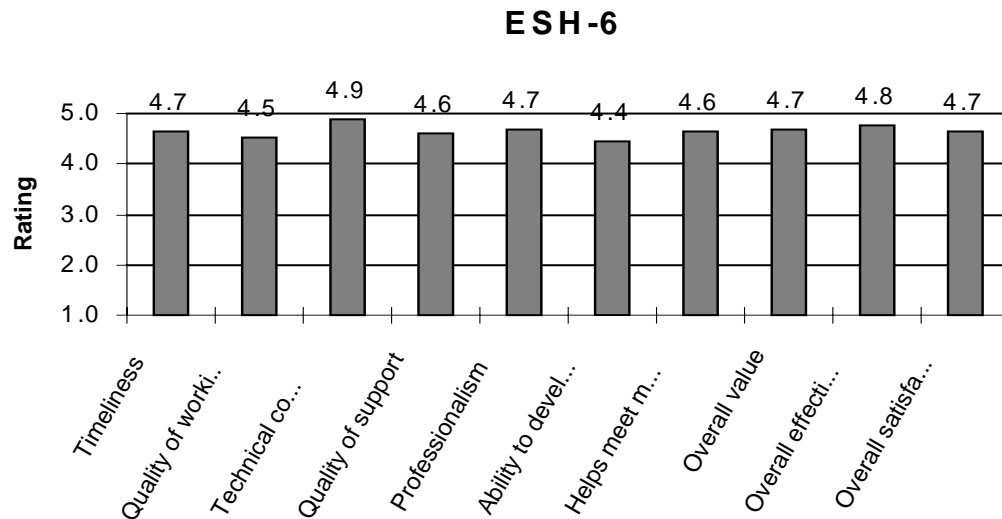
We have received excellent support from a few individuals, but overall support from the group has not met our expectations because of a lack of knowledge and professionalism.

More work than the people can handle but most people try very hard.

The detailed comments were frequently negative indicating **problems relative to management interactions, introduction to new information, general communications, compliance focus, etc.**

Criticality Safety, ESH-6

The graph below represents the average scores of all the responses received concerning the services provided by ESH -6. This group received the highest overall ratings of all the groups in the 1997 customer survey. A rating of 4.9 for technical competence is indicative of the high response the internal customers provided for this group and this group is clearly performing at an exceptional level.



The 1995 customer survey also evaluated this group. ESH-6 received high scores in that survey, also.

	Average Score 1995	Average Score 1997
Timeliness	4.4	4.7
Technical Competence	4.7	4.9
Ability to develop/introduce new technical/scientific methodology	4.6	4.4
Quality of Support	4.5	4.6
Professionalism	4.5	4.7
Overall Satisfaction	4.7	4.7

Comments concerning ESH-6

It would be nice if we could straighten out the roles/responsibilities of ESH-6 versus the criticality safety review committee.

This group provides me excellent support. I am aware of several instances where this group helped CMR, TA-55, and TA-18 in a very timely manner with high quality work.

Tom McLaughlin & his team are an extremely important resource to the lab. Tom's perspective on offering expertise in the form of support, help and assistance to accomplish goals & objectives, safely and efficiently have always been greatly admired.

Very supportive, especially SA and risk analysis stuff

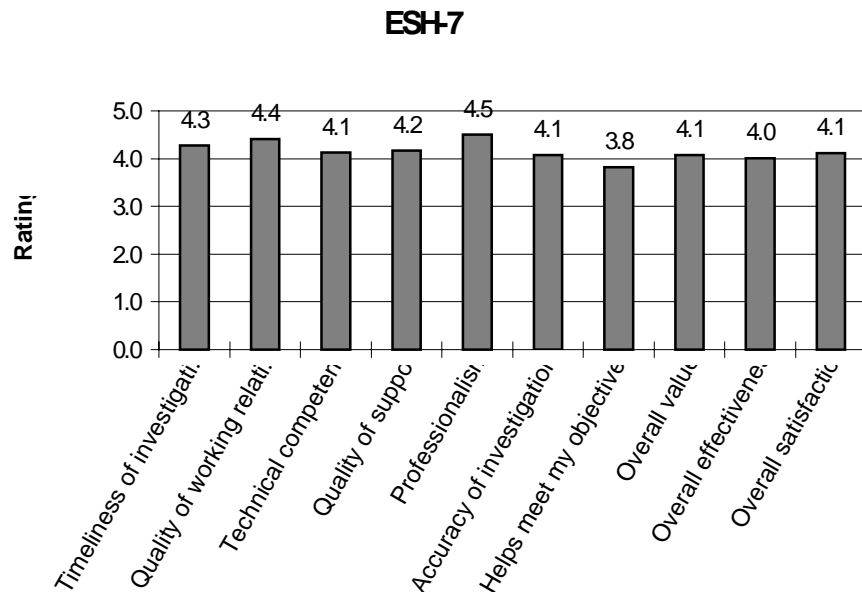
As a primary "user" of criticality safety support at LANL, TA-55, would prefer that an ESH-6 TSM reside at TA-55, as do personnel from ESH-5, ESH-7, and FSS-21 in support of the distributed services model.

ESH-6 personnel are responsive to our needs.

This group is extremely supportive to Laboratory organizations. They **provide high quality work and are a valuable resource to the Laboratory.**

Occurrence Investigation, ESH-7

ESH-7 received their highest score, 4.5, in the area of professionalism. The lowest area for ESH-7, 3.8, was the question, helps meet my objectives. The complete scores for all of the questions appear below.



Comments concerning ESH-7

Group philosophy seems to be one of assisting customers in any way possible. I've been impressed with proactive approaches, such as analyses of data for common problems & cost of incidents.

I am very pleased with the support of receive from ESH-7.

This area of ESH has taken on a life onto itself. However, I feel that a lot of what we (the lab) are being told to do is extremely driven, I have concerns that we are "delivering a cadillac when a Ford would do nicely!" Originally, the DOE Order 3000.A,B,C, etc. was advertised as a mechanism to collect lessons learned and to disseminate those lessons learned across the DOE complex.

Our occurrences have dropped off dramatically in past 1 1/2 years.

Meets DOE requirements effectively, adds little value to actual project corrective actions or lessons learned.

In conducting investigations, (talking with peers from other DOE sites), we report things they don't. This makes the lab look bad and uses up many, many man hours. I would like to see changes made in assigning findings responsibility and accountability to the appropriate institutional organization and not count their delinquency to the operating organization. The name abbreviation for the occurrence are inadequate to help indicate where they occurred - new abbreviations need to be developed.

In general, very helpful. Lessons learned bulletins are very useful.

Many of the corrective actions and associated lessons learned appear, from my perspective, to be "pro forma" in nature - little value added to addressing to causal factors. I recognize this as a deficiency to be attributed to TA-55 but would like better assistance from ESH-7 in 1. developing value-added corrective actions/ lessons learned and 2. keeping us "honest" in developing the same.

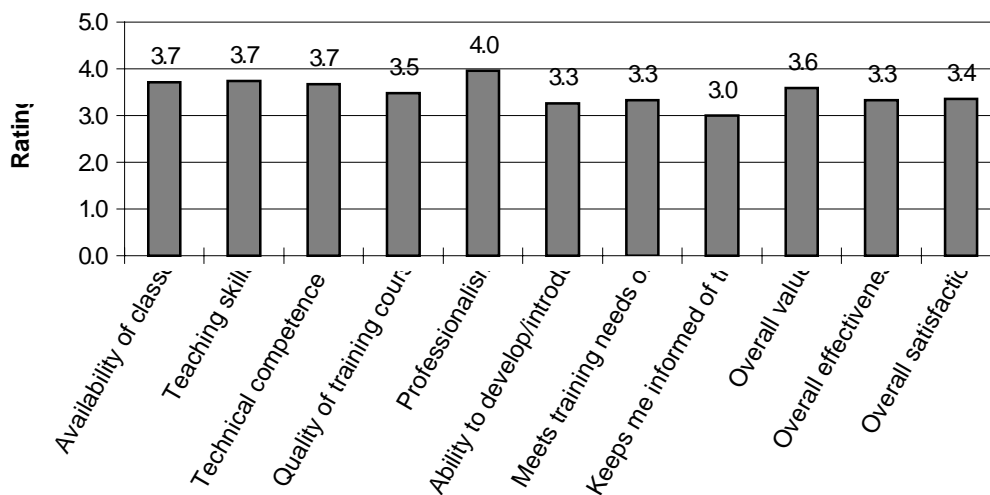
This group needs additional help to meet increasing workload.

Most of the comments indicate that ESH-7 **provides a proactive approach to investigations**. Several users would like to see ESH-7 **provide more value-added to the corrective actions/lessons learned**.

ES&H Training, ESH-13

The graph below depicts the ratings for each question asked to the internal LANL customers.

ESH-13



Comments concerning ESH-13

Very much compliance- and requirements- driven. Classes offer very little interaction with the material: they are mostly structured as the instructor telling students what the requirements are, with very little opportunity to learn by doing. Outmoded instructional techniques. Multiple instructors say “this is what I’m supposed to do” indicating that they don’t agree with the approach and have little choice for input.

We need to know what we need to be trained on how and where. We need a lab wide systems to inform us at any time when we need training and when and where it is available.

There have been significant improvements in ESH-13’s training to make it easier for employees to meet DOE requirements (many classes have test-outs, etc.)

Our training office at TA-53 tells me about my training requirements

My overall satisfaction with ESH-13 is high. There are a few issues that would help me in interaction between ESH-13 and CST-8. One of the difficulties is trying to keep track of the changing requirements for training in areas such as working with high pressure systems, etc. I’m concerned that we are seeing the fall-out from reducing the number of ESH personnel without reducing the amount of work

This seems to have turned into a bureaucratic organization out to build an empire. Optional training requirements have turned into a must.

Group does a good job of publishing available training classes and deployed training staff seems very effective.

Training is rarely if ever performance based. Training needs to be based on JTAs.

Interactions with fellow deployed team members is excellent as well as with rad-team on RCT training issues. Integration of other ESH-13 is not quite as smooth.

My deployed personnel are wonderful. The core people that I personally have dealt with are great to work with! The operations personnel have been particularly pleased with the classes that have been brought on-site , such as LOTO (?) and CPR. The more of these that can be done the better!

Class quality ranges from quite useful to something that complies with the law. I believe it is very important to have highly competent trainers so that trainees don't feel like their time is being wasted.

Poor availability of classes (electrical safety, pressure safety, etc.) Currency of material presented.

Members of our group trying to get information on classes have met with poor scheduling practices. Instructor in one series is entertaining and teaches the material well but is not what I would consider technically competent.

I am particularly unhappy with the new ES&H training matrix. Each group is compelled to use it and figure out for itself who to administer the required training. This created a large "unfunded mandate". So far, I have found no two groups that are handling it the same way.
Form B person has worked very well with work order people and CMMS to develop training.

While ESH-13 had the lowest score, many individual comments were positive with negative comments focusing on compliance emphasis, instructional techniques, problems with scheduling and perception of empire building.

72. What changes would you like to see ESH Division make in its delivery of support services?

Less policemen, more help and advice

The lab's G&A rate must go down commensurate with what we will pay for these services in FY98.

They need to base services on what we need, and not just dictate rules and regulations.

More feedback on positive and negative situations.

I need to know what ESH Division plans to deliver in the future (services, expertise, etc) so I know what I have to do for myself.

As far as changes I would like to see ESH Division make in its delivery of support services, I would reduce the disparity between health physics resources and worker health/safety resources. The former has more personnel, more groups, more managers than the latter but where are the injuries/ illness/ fatalities occurring?

As quickly as possible, develop and implement a formal policy on deployment.

Give each group/ FMU (zone) the capability of maintaining the competence of the more commonly used services within the group. WAY too expensive.

Identify the basic requirements, next identify other requirements that make sense, assist in risk management.

See more walk-arounds before new policies and procedures are implemented.

I would like to see ESH division make the explicit statement that the number 1 priority support service personnel is to assist facility and programmatic personnel accomplish their goals safely and legally.

There still appears to be growing pains and learning experiences with core and deployed services. I think this will continue to improve as we gain experience.

ESH division is the beginning of the stove pipe theory. Support seems to be lacking.

Let us know what support is available and ESH responsibilities.

Give those of us who are deployed more effective support, i.e. administrative/ computer/ vehicles, etc.

Redistribution of personnel within the division to support areas needed, i.e. field industrial safety, safety analyst, respirator fitting, and HP techs.

Too much activity that is line management's responsibility (e.g. accident investigations). Until line management takes charge of safety we can only hold our own, and that does not appear acceptable.

Somehow get the word out and make the Divisions that receive the support feel that ESH is trying to help - not police and beat up on us, i.e. practical ESH help in solving our problems is what we need, not more work.

No more changes until we can implement the new LIRs. Then provide services that support the implementation.

Greater emphasis on support, less on control Better uniformity/ implementation of contractual agreements for deployed personnel.

Clear definition of roles/responsibilities between line managers and deployed personnel, including accountability for decisions made with regard to technical issues.

Recognize customer needs. Return phone/ e-mail requests.

Provide liaison from office of deployed ESH to the facility management council and/or IFMPO office.

Ergonomic illness has been a major problem at LANL while professional support for solving these problems has become less available. Support need to go beyond simply telling us to buy new furniture; we need help in the selection of furniture. There is also a need for ESH to help resolve this issue on the front end so that people can't purchase poor furniture designs in the first place.

More guidance for groups (especially admin - type groups) on what training is required. A greater attempt to have pleasant customer relationships. I do not like to feel like an imposition on the system when I am scheduling classes or trying to find information.

Make the EDS more user-friendly. Improve the notification to group offices when required training is due.

Enhance performance assurance activities and communicate results.

Two proposed changes appeared throughout the comments. Customers need ESH Division to **define what support services will be provided to them under G&A in the future** for budget planning purposes. The second comment we've seen throughout the past surveys is ESH Division needs to be more **proactive in supporting the work and providing advice versus providing only compliance assurance**. Another concern seems to be the **balance between radiation protection and industrial hygiene/safety**.

73. Do you wish to comment on ESH deployed personnel?

Very good people have been deployed to my team.

Deployment has lacked commitment on the part of group (and division?) management. Deployed personnel are still torn between their allegiance to their home division and needs of the programs they support locally. There is still a tug from both sides.

The deployment should not have even started before ESH Division defined what services/ expertise they planned to retain as part of the core. Deployment can't be completed without this information.

There is one drawback to being a ESH deployed person. I have not been able to resolve - personal expense. I have two picnics, two (or more) Christmas parties, two sets of employees to support for births, birthdays, deaths, fund-raisers, etc. It's like having 2 separate families.

I am a deployed employee. It works for TA-53. It is very difficult to keep two bosses, tasks (program/ field work). With the work control documentation, I suppose that has and will continue to keep us employed forever. A lot of work. Deployed employees have no defined duties. I suppose that ESH Division isn't in the best of states.

More communication should occur among ESH Division line management and the FMC to help both entities understand the deployment process (or lack there of). This includes ESH Division group leaders informing the ESH Division Director of the status of deployment within their groups.

Strong support for institutional programs is required to ensure consistent quality implementation for ESH programs sitewide.

If these people are to be deployed - they should become employees of the group. Save the overhead dollars!!

A core should be retained. Over generalization could lead to watered down services. Some cross responsibilities is also beneficial in solving one stop for services.

Some more competent than others, like to have similar levels of competence.

They are good but more are needed. Keep them deployed, do not centralize them. They now understand true conditions in the field.

In general, deployed personnel have a much better attitude toward helping accomplish actual work than core personnel do.

Deployed people have worked out well but are in a difficult position with the core ESH activities being given to them from one side and operations personnel asking more of them as they gain confidence in their work. A change control needs to be

established that reviews the requests to give ESH core work to the deployed teams and where the resources come from to do the work. We are looking forward to having the project leader for deployed and hope he has adequate authority to be effective in dealing with issues as they come up.

Deployment is appropriate but not if deployed personnel perform line management responsibilities in place of line management. If we (ESH) do all investigations, inspections, meetings, employee interfaces, the efforts will be counterproductive to safety.

Deployed personnel tend to identify more with our needs and facility - this is good. Having them (and all ESH personnel) more proactive (i.e. go out in the field and not wait for us to call) is also very valuable.

Excellent concept; require more formal agreement in what fraction of time is utilized for institutional programs (approx. 20% optimum?), need to ensure deployed personnel are treated equally with respect to performance assessments and salary.

Deployed personnel at TA-55 are excellent

Too much work being piled on their plate (quantity and variety). Need regulatory core support.

Overall, comments indicate that the **deployment is very helpful**. Deployment needs better management support and **clarification of roles and responsibilities of deployed personnel, parent organization, and requesting organization**.

74. How often do you personally use the wellness facilities and does the equipment meet your needs?

Do not use because of distance and lack of parking.

2-3 times/week.

2 times/year.

I use it usually 2-5 days a week. It meets my needs. I feel lucky to have the facilities available with proper equipment and at the right price, 0.

CMR facility has a wellness facility that is heavily used. We could use another stairclimber and treadmill, but I'm not sure how to acquire new equipment. I try to use the facility 2-3 times/week.

A lot of employees go to workout and go to lunch and report to work approximately 4 to 5 hours a day. I know it's abused time. I'm glad there are so many healthy people that "work" at the lab.

I personally use the local YMCA for its squash courts. No one else in the FM uses the Wellness Center.

We have deployed equipment from wellness center. They have been very responsive to our needs.

3 times/week. I'd like to see practical classes offered such as physiology, walking/running mechanics, etc.

Needs to be "better integrated" into employee activity.

Frequently, yes. Grossly over staffed, personnel running it are real jerks.

I do not use the facilities. I personally do not support G&A funding for the facility. The users or user groups should pay directly.

Extremely valuable resource that goes to waste on weekends (could charge on weekends - use volunteers, etc.) - Good classes and equipment.

3-5 times/week. Excellent facility, well-maintained. If necessary, I would pay a modest fee to retain the facility.

I use the satellite facility at FMU-64, TA-54, about 4-5 times a week. Need bigger dumb bells.

12 times/ year. Good equipment

I have not used the wellness center, but regularly use the equipment located in the CMR building.

Individual comments of the Wellness Center varied from it being a great facility to it being over-staffed. The majority of participants support the Wellness Center facility and the continued use of it.

75. Do you wish to comment on any items or issues?

I do not believe ESH personnel should be embedded in non-ESH groups. This can result in serious salary misalignments with peers with no easy resolution. There needs to be more ESH generalist deployed with specialists kept in the core to call on when needed.

There is no communication in our group - maybe this is a division wide problem. I feel more attached to the groups I support than to my own division. I'm not sure where that problem exists. My section leader is not the problem - he's great.

Certain parts of ESH need to understand that they are LANL employees. Their job should be figuring out "how to's" not "why we can't".
ESH has a lot to share. I would like monthly colloquiums/ presentations so the ESH can share its expertise.

This survey doesn't seem to ask the right questions, i.e. "expectations" what are they? If my expectations are low, a group may meet them 100% of the time and still provide lousy service. Also, I deal with most of the groups infrequently, so the statistical significance of my guesses is really questionable.

Integration of air and water sampling is poor. ESH-19 doesn't know what it's mission is or it's responsibilities with FMUs. ESH-19 licensing personnel work very poorly with customers. Environmental groups should be given responsibility for monitoring, trending, and analysis of data or should be disbanded!
Environmental groups should ask FMS's what they need.

Requirements to do things are not always in a regulation or interpretations can sometimes be confusing. When these issues arise between deployed and core, what mechanisms should be used to gain a resolution.

The fact that the failure either to deliver to our customers or to work safety reflects on the whole lab - not just ESH or technical divisions - should drive us to want to work together. Hopefully none of us wants to be unsafe and all of us want to deliver.

ESH needs to team with facilities/ line organizations to provide effective safety programs. Then we (collectively) must convince DOE FRs and TRs to join the team.

We (all of us) need to do a better job of getting ISM rolled out to the masses.

Because deployed services are called on to continually produce services considered immediately valuable for the customer, we spend our time fighting fires and responding to customers demands. This makes it difficult to plan, develop, and implement new technical/ scientific methodology, although the deployed people recognize where some of the best gains can be made. For those non-deployed people able to pursue such methodologies, the deployed people must be consulted to define where the needs exist in the first place.

ESH-12 began recharging for urinalysis services with no corresponding reduction in the G&A rate. This cost my group 1 FTE. There was no planning for this in the budget process.

Need more direct support and attendance at weekly FMC meeting. Would aid ESH interactions with FMS.

Consider establishing an ESH council similar to the FMC to maintain integration of LANL ES&H programs.

This year, deployed services received the most comments, both negative and positive. Overall, organizations believe that deployment is good, but that the costs need to be lowered. The majority of the comments indicate that deployment is working as ESH advice and help within organizations/operations is needed.